

DERIZ INC

S.C.I.V.
2.28.2022 1001
Date

Pay To The
Order Of

Robert Wushtra
Thirty thousand dollars \$30,000.00
Dollars

BANK OF AMERICA

ACH R/T 021000322

For



Photo
Safe
Deposit
Details on back

Noted Clerk

DERIZ INC

3.7. 2022 ¹⁰⁰²
Date ^{1-32/210 NY}
28846


Pay To The Order Of Robert Lyushtra \$63,000 ✓
Sixty Three Thousand dollars Dollars
BANK OF AMERICA 

 Photo Safe Deposit®
Details on back

ACH R/T 021000322

For [Redacted] [Signature] ^{MP}

BRENIX INC
2511 MCDOANLD AVE
BROOKLYN NY 11223

1.25 2022 1052
Date 1/22/21 NY 28846

Pay To The
Order Of

Robert Lyusheta

Sixty six thousand dollars

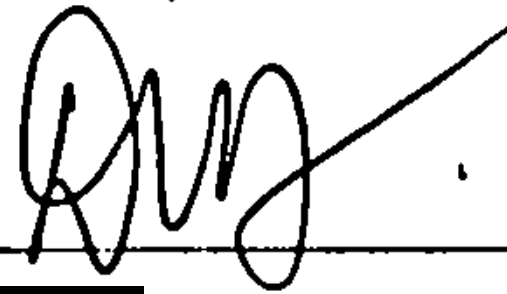
\$ 66,000.00
Dollars



BANK OF AMERICA

ACH R/T 021000322

For _____



Regulated Chapter

BRENIX INC
2511 MCDOANLD AVE
BROOKLYN NY 11223

1053

2. 28. 2022

32719 NY
23846

Pay To The
Order Of

Robert Lyushtra

\$ 23,000.-

Twenty three thousand

Dollars



Photo
Safe
Deposit
Chest at Bank

BANK OF AMERICA

ACH R/T 021000322

For

[Signature]

MP

STANDARD

BRENIX INC
2511 MCDOANLD AVE
BROOKLYN NY 11223

1055

7.27.22 1-32/218 NY
Date 28846

Pay To The
Order Of

Robert Luy Stea \$ 32,000

Thirty two thousand dollars Dollars



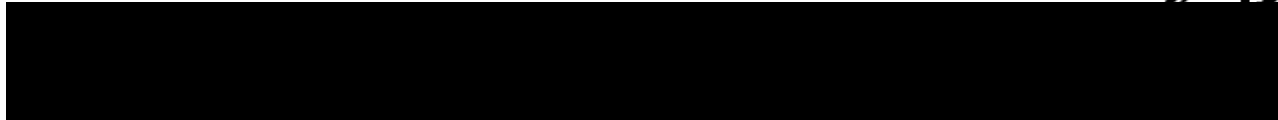
Photo
Copy
Resistible
Dodge attack

BANK OF AMERICA

ACH R/T 021000322

For _____

[Signature]



KRENIKO INC

1091

1-32/210 NY
28846

2, B

2022
Date

Pay To The
Order Of

ROBERT LYUSHTRA

\$81,000.

Eighty one thousand

Dollars



Photo
Safe
Deposit
Details on back

BANK OF AMERICA



ACH R/T 021000322

For

[Signature]

AP

Harland Clarke


KRENIKO INC

1093

1-32/210 NY
28846

2.28.2022
Date

Pay To The
Order Of

Robert Kushtra
Ligaya of Hall and give himself
BANK OF AMERICA  Ligaya

\$ 50.580.

Dollars

Photo
safe
deposit
Details on back

ACH R/T 021000322

For _____



Harland Clarke

KRENIKO INC

1N-1090

1095

3.7.2022

1-32/210 NY
28848

Date

Pay To The
Order Of

ROBERT LYUSHTRA

\$ 7,500.00

Seveny five thousand & dollars

Dollars



Photo
Safe
De posite
Details on back

BANK OF AMERICA

ACH R/T 021000322

For _____

Notated Charles

KRENIKO INC

1096

4.8.2022 NY 28846
Date

Pay To The
Order Of

Robert W/US TRA,

\$32,300.00

Thirty two thousand three hundred
Dollars



Photo
Safe
Deposit
Details on back

BANK OF AMERICA 

ACH R/T 021000322

For _____

 MP

KRENIKO INC

7.27 2022 ¹⁰⁹⁷
Date ^{132/210 NY}
²⁸⁸⁴⁶

Pay To The
Order Of

Robert Luystra \$18,000
Eighteen thousand dollars Dollars

BANK OF AMERICA

ACH R/T 021000322

For

[Signature]

**Business Signature Card
with Substitute Form W-9****BANK OF AMERICA** 

BANK OF AMERICA, N.A. (THE "BANK")

Account Number: XXXXXXXXXXAccount Type: ☒ Checking ☐ Savings ☐ Certificate of Deposit

Account Title: BRENIX INC

Legal Designation	<input type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Trust/Estate			
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____			
	<input type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) _____			
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____			
	Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9) (Applies to accounts maintained outside the U.S.)		Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Employer Identification Number XXXXXXXXXX		(or) Social Security Number _____	

By signing below, I/we acknowledge, agree and consent:

- To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.

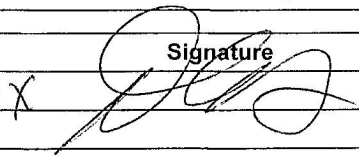
☐ **Nonresident Alien (NRA) Status:** Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

Substitute Form W-9: Certification – Under penalties of perjury, I certify that:

- The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Title (if applicable)	Signature	Date
IGOR DOVMAN	PRESIDENT		4/16/2021

00-14-9297M 11-2018

NNY

© 2018 Bank of America, N.A. All Rights Reserved

Associate Name: Maksim Tashlyk

Financial Center: SHEEPSHEAD BAY

Bank Number: 487

Date: 04/16/2021





BANK OF AMERICA, N.A. (THE "BANK")

**Business Signature Card
with Substitute Form W-9**

Account Number: [REDACTED]

Account Type:

☒ Checking☐ Savings☐ Certificate of Deposit

Account Title:

KRENIKO INC

Legal Designation	<input type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC	<input type="checkbox"/> C Corporation	<input checked="" type="checkbox"/> S Corporation	<input type="checkbox"/> Trust/Estate
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____			
	<input type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) _____			
	<p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p>			
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____			
	Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)		Exempt payee code (if any) _____	
	(Applies to accounts maintained outside the U.S.)		Exemption from FATCA reporting code (if any) _____	
	Employer Identification Number [REDACTED]		(or) Social Security Number _____	

By signing below, I/we acknowledge, agree and consent:

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- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
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- I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
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Printed Name	Title (if applicable)	Signature	Date
IGOR DOVMAN	PRESIDENT		07/09/2021

00-14-9297M 11-2018

NNY

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Associate Name: Maksim Tashlyk

Financial Center: SHEEPSHEAD BAY

Bank Number: 487

Date: 07/09/2021



BANK OF AMERICA

BANK OF AMERICA, N.A. (THE "BANK")

**Business Signature Card
with Substitute Form W-9**

Account Number: [REDACTED]

Account Type:

☒ Checking☐ Savings☐ Certificate of Deposit

Account Title:

DERIZ INC

Legal Designation	<input type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC	<input checked="" type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Trust/Estate
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____			
	<input type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) _____			
	<p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p>			
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____			
	Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)		Exempt payee code (if any) _____	
	(Applies to accounts maintained outside the U.S.)		Exemption from FATCA reporting code (if any) _____	
	Employer Identification Number [REDACTED]		(or) Social Security Number _____	

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- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
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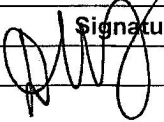
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Printed Name	Title (if applicable)	Signature	Date
IGOR DOVMAN	PRESIDENT		07/09/2021

00-14-9297M 11-2018

NNY

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Associate Name: Maksim Tashlyk

Financial Center: SHEEPSHEAD BAY

Bank Number: 487

Date: 07/09/2021

